

ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Vincent Hospital and Health CenterCity: Indianapolis County: Marion Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	40	772	9,822	\$20,008
ICU Med/Surg	32	464	8,778	\$36,455
ICU Neonatal	49	849	20,010	\$49,055
ICU Pediatric	15	132	2,076	\$37,285
Medical/Surgical	375	21,427	105,502	\$4,033
Neonatal Intermed	0	0	0	\$0
Obstetrics	38	3,544	8,175	\$2,165
Pediatric	40	1,413	5,013	\$3,851

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	25	599	\$251
Other Services	25	574	5,673	NA
Acute Subtotal	614	29,200	165,648	NA
Normal Newborn	36	2,927	6,847	\$1,500

II. Outpatient Visits			
Circulatory System	7,102	Digestive System	9,083
Endocrine System	4,159	Injuries and Poison	18,111
Mental Disorder	2,298	Musculoskeletal	17,684
Neoplasms	18,386	Nervous	8,176
Respiratory	9,056	Urinary	13,958
Other/Unknown	102,783	Total Visits	210,796
Number of Visits to Emergency Department			61,318
Percent of Emergency Department Visits of Total Visits			29.1%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	Y - Alcohol/Drug Service	Y - Anesthesia Services
Y - Audiology	Y - Blood Bank	Y - Cardiac Cath Lab
Y - Cardiac-Thoracic Surgery	Y - Chemotherapy Service	N - Chiropractic Service
Y - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	Y - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
Y - Ophthalmic Surgery	N - Optometric Service	N - Organ Bank
Y - Organ Transplant	Y - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	Y - PET Imaging	Y - Postoperative Recovery
Y - Psychiatric Emergency	Y - Psychiatric Child	N - Psychiatric Forensic
Y - Psychiatric Geriatric	Y - Radiology Diagnostic	Y - Radiology Therapeutic
Y - Reconstructive Surgery	Y - Respiratory Care	Y - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	Y- Rehab Outpatient	Y- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	Y - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported
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